



CITY OF JEFFERSONVILLE
WASTEWATER DEPARTMENT

APPLICATION TO INSTALL AND/OR DISCHARGE VIA A GREASE TRAP/INTERCEPTOR

Business Name/Address: _____

Owner Name / Address: _____

Phone: _____ Email: _____

Owner Representative: Name: _____ Firm: _____

Phone: _____ Email: _____

Please Provide the Following Information:

Seating Capacity: _____ Hours/Day of Operation: _____
Expected Servings /Day: _____ Circle Service: Breakfast Lunch Dinner
of Expected Peak Hr. Servings: _____ Size of Establishment (Sq Ft): _____
Size of Existing Trap (Gallons): _____ Building Former Use: _____

Size / Number of Kitchen Units Served by Interceptor:

Table with 4 columns: Size/Number (LxWxD), Type of Unit, Size/Number (LxWxD), Type of Unit. Rows include Single Compartment Sink, Double Compartment Sink, Triple Compartment Sink, Mop Sink, Oven, and Other.

ALL Kitchen Sinks used for cleaning and/or food preparation/cooking that discharge to the sanitary sewer must be routed via a grease trap/interceptor. Dishwashers must NOT be connected.

Submit with the Application:

- \$100.00 Inspection Fee (check only - payable to Jeffersonville Wastewater Department)
Proposed menu. Provide copies of all menus for each proposed service - Breakfast, Lunch, Dinner etc.
Grease trap model plan/specifications and a riser/plumbing diagram may be requested later for review.

Comments: _____

- I certify that the above information is correct to the best of my knowledge. Also, I understand that a \$25.00 inspection fee per trap will be charged for each maintenance inspection conducted.
I understand that wastewater change-in-use (capacity) fees will need to be assessed by the Department and paid by the customer. Contact the Wastewater Department at (812) 285-6451 for assessment of potential capacity fee.
I have read, understand, and comply with the Fats, Oil & Grease (FOG) Requirements. See http://www.cityofjeff.net/waste-water-department/ Refer to Section 4.0 of the Construction Standards
I understand the limit for fats, oils, and grease is 100 mg/L in water discharged to the Jeffersonville Wastewater System.

Date: _____ Owner Signature: _____

Submit application to: Jeffersonville Wastewater Department
500 Quartermaster Court, Room 104
Jeffersonville, IN 7130
Email with Questions to: wastewater@cityofjeff.net